

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: P-BAR PROPERTY MANAGEMENT

BUSINESS STREET ADDRESS: 6050 SW 55 PL ZIP 33314

BUSINESS MAILING ADDRESS: 6050 SW 55 PL ZIP 33314

BUSINESS PHONE: (954) 298-5831

DESCRIBE TYPE OF BUSINESS: PROPERTY MANAGEMENT

BUSINESS IS: Corporation ☒ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JUAN JOSE PIO</u>	<u>6050 SW 55 PL</u>	<u>33314 DAVIE</u>	<u>583-1997</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 00, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

JUAN JOSE PIO OWNER _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>3/22/00</u> Category <u>13500</u> Fee <u>52.50</u> Rec# <u>642744</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>		
License # _____	Control # _____	Zoning <u>A-1</u>
Council approval Required _____	Yes _____ No _____	Zoning Approval <u>10/16/00</u> Date _____
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____		

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION